

**Required Attachment / Certification Checklist
Stage 5 / Part 1**

I understand that DHS may construe any modifications, conditions, alterations, additions, deletions, or changes to the language contained in Attachment 2 b to the RFP as being non-responsive. I certify that my firm meets the following requirements:

Cost Proposal content:		Confirmed by DHS
<input type="checkbox"/> Yes <input type="checkbox"/> No	In a separate sealed container, my firm has submitted one (1) Original Set and eleven (11) copies, plus four (4) CD-ROMs of the Cost Proposal with the required documents placed in the order below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Cost Proposal Transmittal Letter	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Attachment 12-1, Takeover Bid Price Form	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Attachment 12-2, Operations Bid Price Form-ACSL	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Attachment 12-3, Operations Bid Price Form, TARs	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Attachment 12-4, Consolidated Operations Bid Price Form	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Attachments 12-5(1) through 12-5(9), Systems Group Bid Price Forms	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Attachment 12-5.1, Consolidated Systems Group Bid Price Form	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Attachments 12-6(1) through 12-6(11), Surveillance Utilization Review Subsystem Bid Price Forms	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Attachment 12-6.1, Consolidated Surveillance Utilization Review Subsystem Bid Price Form	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Attachment 12-7, Central Processing Unit Time Bid Price Form	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Attachment 12-8, Provider Telephone Service Center Bid Price Form	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Attachment 12-9, Beneficiary Telephone Service Center Bid Price Form	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Attachment 12-10, Consolidated Telephone Service Center Bid Price Form	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Attachment 12-11, Turnover Bid Form	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Attachment 12-12, Runout Bid Form	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Attachment 12-13, Total Evaluation Bid Price Form	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Attachment 12-14, Additional Contractual Services Bid Price Form	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Attachment 12-15, Bid Allocation Worksheet	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Attachment 12-16, Cost Proposal Response Guide	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Firm:		
Printed Name/Title:		
Signature		Date:

Compliance Review completed by Evaluator _____

Date _____